

EVIDENCE
STATE POLICE
EVIDENCE LABORATORY
SPRINGFIELD

EVIDENCE
ILLINOIS STATE POLICE
FORENSIC SCIENCE LABORATORY
SPRINGFIELD

FORE

10-446

16

11

CPD 0027673

Visitor's (or legal Visitor's Firm or Agency)

Name <i>(and law firm or agency if attorney)</i>	Sex	Age	Race	Relationship	Telephone Number	Address <i>(Street, Apt. #, City, State, Zip)</i>
M E	36 30	AA AA	BROTHER SISTER			
[REDACTED]						

I acknowledge that I was advised of my visiting privileges in accordance with Department Rule 525. I understand that I am limited to 20 adult visitors (C) visitors for extremely high escape risks) in a month. My visitors and their associates are subject to approval. My attorney and associates of his or her law firm or agency may be permitted to visit me at any time. I am responsible for notifying my visitors when the facility is closed and that visitors are not permitted to enter the facility during those hours. I am responsible for maintaining my visitors list. A new visitors list is required to be furnished to each facility to which I am assigned. I will not be permitted any visitors except in emergency situations. I further understand the Department may subsequently deny an application.

John Robert S.
Chief Administrative Officer's Signature

8-17-07
Request Date

Print Name of Staff

Distribution: Master File; Facility; Offender

Staff Signature

K1-13
Signature

DC

(1)

Attachment # **18**
Page **2** of **11**

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Visiting Log

Offender Name:	[REDACTED]		
Facility Name:	CENTRAL		
Visiting Date:	Sept 10, 2014	Sign:	[REDACTED]
Visiting Time:	10:00 AM	Sign:	[REDACTED]
Visiting Type:	Family	Sign:	[REDACTED]
Visiting Status:	Guest	Sign:	[REDACTED]
Visiting Reason:	FRIEND		

K-79247
Offender Number:
E37B16

Visiting Date: Sept 10, 2014

Visiting Time: 10:00 AM

Visiting Status: Guest

Visiting Reason: FRIEND

Visiting Type: Family

Visiting Status: Guest

Visiting Reason: FRIEND

Visiting Type: Family

Visiting Status: Guest

Visiting Reason: FRIEND

Visiting Type: Family

Visiting Status: Guest

Visiting Reason: FRIEND

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Visiting Reason: FRIEND

Visiting Type: Family

Visiting Status: Guest

Visiting Reason: FRIEND

At C# 1051475
Page 3 of 10

8/10/14
Date
Signature

7-26-07
Received Date

Offenders Signatures

Staff Signature

Distribution: Name: File, Facility, Calendar
Print Name of Staff

Date: 08/04/14 12:30PM
Replace Log: 7194233

CPD 0027675

THIS FORM MUST BE COMPLETED AND RETURNED TO THE COUNTY CLERK

No. M17459

MARRIAGE LICENSE

ULIAN BAR'KAY DAILEY

with

ESTIEN ROCHELLE GODLEY

/18/2007

Clerk

DEPARTMENT OF PUBLIC HEALTH

RETURN OF A MARRIAGE TO COUNTY CLERK

1. Full Name of Groom [REDACTED]
2. Place of residence: CENTRALIA CORRECTIONAL CENTER CENTRALIA, IL
3. Occupation: INCARCERATED
4. Age [REDACTED] Date of birth [REDACTED]
5. Place of birth: CHICAGO, IL
6. Father's name [REDACTED]
7. Mother's maiden name [REDACTED]
8. Number of groom's marriage: 1
9. Full name of Bride [REDACTED]
Maiden name: GODLEY
10. Place of residence: [REDACTED]
11. Occupation: SALES REP
12. Age: [REDACTED] Date of birth: [REDACTED]
13. Place of Birth: CHICAGO, IL
14. Father's name [REDACTED]
15. Mother's maiden name: [REDACTED]
16. Number of bride's marriage: 1
17. Married in the County of CLINTON COUNTY and State of IL

the 3rd day of August, 2007

18. Witness to marriage

*Alexandria H. Kyle
A. Kyle*

N.B. At 18 give names of subscribing witnesses to the Marriage Certificate if no
subscribing witnesses, give names of two persons who witnessed the ceremony.

We hereby certify that the information above given is correct,
to the best of our knowledge and belief.

*Julian Bar'kay Dailey (Groom)
Estien Rochelle Godley (Bride)*

I hereby certify that the above is a correct return of a
Marriage solemnized by me.

*Kyle M. Seaman
Centralia Bond
Dated at Centralia this 3rd
day of August, 2007*

K1-15
P

CPD 0027676

Offender Visiting List ILLINOIS DEPARTMENT OF CORRECTIONS

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Visiting List

W Name:

Offender Number: E-3
Unit/Cell: 1016

WILSON'S

age that I was advised of my visiting privileges in accordance with Department Rule 525. I understand that I am limited to 20 adult visitors (10 visitors for extremely high escape risks) including my attorney and associates of his or her law firm or agency count as one visitor. I am responsible for notifying my visitors when they are not except in emergency situations or for approved legal reasons. A new visiting list is required to be completed at each facility to which I am assigned. I will not be permitted any visitors except in emergency situations. I further understand the Department may subsequently deny an approved form.

CPD 0027678

Black & Robert Hobbs

Chief Administrative Officer's Signature

Request Date

Dag

Page 8 of

per month except in emergency situations.

1000

Request Date 4/15/07

Brad Robert Cole 4907
Date _____
Title Administrative Officer's Signature

4.15.02 by J K-19

The above changes have been made by the committee to the system for access by this office.

CPD 0027680

תְּהִלָּה

Mishnah

(and Law Firm if Agency or Attorney)

Book of Hebrews 10

Chief Administrative Officer's Signature

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C 144 1051425
C 144

Attachment # 18

Page 9 of 11

Offender Visiting List

Offender Name: Facility Name:

CENTRAL CITY

Offender Number:

SEA

Bull.

Visitors

Page 10 of 11

I acknowledge that I was advised of my visiting privileges in accordance with Department Rule 525. I understand that I am limited to 20 adult visitors (10 visitors for extremely high escape risks) including my attorney and that my requested visitors are subject to approval. My attorney and associates of his or her law firm or agency count as one visitor. I am responsible for notifying my visitors when they are not approved. I may only make changes once per month except in emergency situations or for approved legal reasons. A new visiting list is required to be completed at each facility to which I am assigned. I will not be permitted any visitors except in emergency situations. I further understand the Department may subsequently deny an approved

4/16/07 Chief Administrative Officer's Signature
4/16/07 Date Requested

(check only if applicable and sign below) The offender was provided the opportunity to complete and sign this form, and was advised that no visits will be approved unless the form is signed. He or she refused to sign.

Distribution: Master File; Facility; Offender
Print Name

(Last Name)

(First Name)

(MI)

BAILEY

, hereby authorize officials of the Department of

(Offender Name)

to endorse, by stamp, any checks or money orders received on my behalf so that the full amount may be deposited in my account.

I agree and agree that an endorsement pursuant to this authorization is for my benefit and that I shall be liable for any loss to the Illinois Department of Corrections or the Inmates' Trust Fund from an altered, forged or otherwise uncollectable deposited on my behalf.

I have affixed my signature hereto.

01/23/2007

(Date)



(Witness Signature)

01/23/2007

(Date)

on: Master or Canter File

DOC 0006 (Eff. 3/2001)

(Replaces DCJ 718 and DC 1701)

K1-22

CL# 1051475Attachment# 18Page 11 of 11